



General Assembly

Substitute Bill No. 1084

January Session, 2013



AN ACT CONCERNING DELAYS IN MEDICAID APPLICATION PROCESSING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-261 of the general statutes is amended by
2 adding subsection (k) as follows (*Effective July 1, 2013*):

3 (NEW) (k) Not later than April 1, 2014, the Commissioner of Social
4 Services shall utilize technology to ensure that applications for medical
5 assistance under the Medicaid program established pursuant to Title
6 XIX of the Social Security Act are processed with reasonable
7 promptness. Except for unusual circumstances as described in 42 CFR
8 435.911(c), the commissioner shall ensure that a determination is made
9 not later than forty-five days after the date of receipt by the
10 Department of Social Services of a nondisability-based eligibility
11 application for Medicaid and not later than ninety days after the date
12 of receipt by the department of a disability-based Medicaid
13 application. If the commissioner determines that an application for
14 Medicaid lacks sufficient documentation, the commissioner shall send
15 written notice to the applicant not later than seven days after such
16 determination detailing (1) a list of documents the applicant must
17 provide, (2) a date by which the applicant must provide the
18 documents, and (3) an estimated time by which the commissioner shall
19 make an eligibility determination after receipt of such documents.

20 Sec. 2. (NEW) (*Effective July 1, 2013*) (a) The Commissioner of Social
21 Services shall establish a pilot presumptive Medicaid eligibility
22 program for home and community-based care in New Haven County
23 for up to three hundred elderly applicants who require a skilled level
24 of nursing care. Such program shall commence not later than April 1,
25 2014, and shall include, but not be limited to: (1) The development by
26 the Department of Social Services of a preliminary screening tool to
27 determine whether an applicant is functionally able to live at home or
28 in a community-based setting and is more likely than not to be
29 financially eligible for Medicaid; (2) a written agreement to be signed
30 by such applicant attesting to the accuracy of financial and other
31 information such applicant provides and acknowledging that (A) state-
32 funded services in advance of a final Medicaid eligibility
33 determination shall be provided for not longer than ninety days, and
34 (B) such applicant shall complete a Medicaid application on the date
35 such applicant is screened for functional ability or not later than ten
36 days after such screening; (3) a presumptive financial Medicaid
37 eligibility determination for such applicant by the department not later
38 than four days after such applicant has completed a Medicaid
39 application and is determined to be functionally able to live at home or
40 in a community-based setting; and (4) the initiation of state-funded
41 home and community-based care services for such applicant not later
42 than five days after the applicant has been determined to be
43 presumptively eligible for Medicaid. The Department of Social
44 Services shall make a final determination as to Medicaid eligibility for
45 presumptive eligibility applicants not later than forty-five days after
46 receipt of a completed Medicaid application from such applicant.

47 (b) Pursuant to state and federal law, the Commissioner of Social
48 Services shall retroactively apply a final determination of Medicaid
49 eligibility for presumptive eligibility applicants for a period not to
50 exceed ninety days. The commissioner shall request available federal
51 matching Medicaid funds for state costs during the presumptive
52 Medicaid eligibility period for applicants determined to be eligible for
53 Medicaid coverage. The commissioner, in consultation with the

54 Commissioner on Aging, shall identify funding pursuant to the federal
 55 Older Americans Act of 1965, as amended from time to time, that may
 56 be allocated to subsidize costs during the presumptive eligibility
 57 period for those applicants who are not determined eligible for
 58 Medicaid. State costs during the presumptive eligibility period shall be
 59 offset by federal Medicaid reimbursements and savings realized for
 60 institutional care that would have been necessary but for the
 61 presumptive eligibility system.

62 (c) Not later than April 1, 2015, the Commissioner of Social Services
 63 shall submit a report, in accordance with the provisions of section 11-
 64 4a of the general statutes, to the joint standing committees of the
 65 General Assembly having cognizance of matters relating to human
 66 services and appropriations and the budgets of state agencies
 67 detailing: (1) The percentage of applicants determined to be
 68 presumptively eligible for Medicaid who were not finally determined
 69 to be eligible for Medicaid; (2) costs per applicant to provide home and
 70 community-based services for the presumptive eligibility period; (3)
 71 estimated savings realized by the state on the cost of institutional care
 72 for those determined to be eligible for Medicaid; and (4)
 73 recommendations on whether the pilot program should be expanded.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	17b-261
Sec. 2	<i>July 1, 2013</i>	New section

HS

Joint Favorable Subst. C/R

APP